

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-008111

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

53

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)

Moberly

c. FULL NAME OF (If NOT in hospital, give location)

Woodland Hosp. & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY CHARITON

c. CITY

BRUNSWICK

OR TOWN

d. STREET ADDRESS

609 KEYTE

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

George

Middle

William

Last

White

4. DATE OF DEATH

Month

Feb.

Day

19,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-3-1947

9. AGE (last birthday)

15

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STUDENT

10b. KIND OF BUSINESS OR INDUSTRY

STUDENT

11. BIRTHPLACE (City and state or country)

BRUNSWICK, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

VICTOR WHITE

13b. MOTHER'S MAIDEN NAME

MELVINA UNDERWOOD

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Victor White, Brunswick Mo

Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY...)

IMMEDIATE CAUSE (a)

Traumatic Shock.

INTERVAL BETWEEN ONSET AND DEATH

12 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Rupture Urinary bladder & Laceration

DUE TO (c)

Fracture pelvis.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Aspiration Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto accident, Public Highway

20c. TIME OF INJURY

Hour

p.m.

Month, Day, Year

FEB 18-63

20d. INJURY OCCURRED WHILE AT WORK

☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office Bldg., etc.)

Public Highway

20f. CITY, TOWN, OR LOCATION

Brunswick

COUNTY

Chariton

STATE

Mo.

21. I attended the deceased from 18 Feb 1963 to 19 Feb 1963 and last saw him alive on 19 Feb 1963. Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H. E. White

(Degree or title)

MO

22b. ADDRESS

Moberly, Mo.

22c. DATE SIGNED

2/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

FEB 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

ELLIOTT GROVE

23d. LOCATION (City, town, or county)

BRUNSWICK MISSOURI

24. FUNERAL DIRECTOR

HEISEL & KOEN, BRUNSWICK, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Feb 22-1963

26. REGISTRAR'S SIGNATURE

W. E. White

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Brunswick 2-22-63
0-2
0-2